

## **Provider News & Resources**

July 12, 2021 | Issue 28

#### In This Issue:

Did You Know: CO Offered Programs

**CHP+ SMCN Transition** 

**Updated Billing Manuals** 

Featured Quick Guide: Member Eligibility

Reminder: Communications Sign-up

Reminder: Member Eligibility Inquires

Resolved Known Issues: DME Claims Denying EOB 7827

Resolved Known Issues: Transportation Claims Denying EOB 7817

Resolved Known Issues: Vision Claims Denying EOB 7817

Resolved Known Issues: Professional Claims Denying EOB 7823

#### Featured Resources:

July 2021 Provider Bulletin

Network Participation Verification Form

#### **Upcoming Holidays:**

Labor Day - Monday, September 6 - State Offices, the ColoradoPAR Program, DentaQuest and Gainwell Technologies will be closed.



#### Did You Know?

The Colorado Department of Health Care Policy & Financing (the Department) offers many different programs for members, each with a set of benefits.

The <u>List of All Our Programs web page</u> is a useful resource for members and providers which includes links to information about the programs offered.

Child Health Plan *Plus* (CHP+)
State Managed Care Network (SMCN) Transition:
How to Bill for CHP+
Services after July 1, 2021

Effective July 1, 2021, all CHP+ eligible members were automatically enrolled into a CHP+ Managed Care Organization (MCO). As a result, the CHP+ SMCN will no longer be available to pay for health care services for CHP+ members delivered after June 30, 2021.

Refer to the <u>July 2021 Provider Bulletin (B2100465)</u> for additional information.

### **Recently Published Billing Manuals**

- Appendix R Remittance Advice (RA) Messages
- Appendix X HCPCS and NDC Crosswalk for Billing Physician-Administered Drugs
- Appendix Z -Outpatient Hospital Specialty Drugs
- Non-Emergent Medical Transportation (NEMT)
- Outpatient Behavioral Health Fee-for-Service
- Outpatient Imaging and Radiology
- Pediatric Behavioral Therapy

Visit the <u>Billing Manuals web page</u> to locate all published manuals.

## Verifying Member Eligibility (Including Managed Care Assignment Details and Benefit Plan Information) and Co-Pay

Effective July 1, 2021, if a CHP+ member's eligibility start date occurs prior to the member's enrollment with a CHP+ Managed Care Organization (MCO), claims must be billed directly to Gainwell Technologies. Once the member is assigned a managed care organization, the claims must be billed to that MCO.

Visit the <u>Verifying Member Eligibility and Co-Pay Quick Guide web page</u>for illustrated step-by-step instructions.

Refer to the <u>July 2021 Provider Bulletin (B2100465)</u> for additional information.

Visit the Quick Guides web page to locate all published Provider Web Portal Quick Guides.

## Reminder: Sign Up for Provider Email Communications

Recipients of this email are already signed up to receive Provider Bulletins and general announcements. To receive emails specific to provider type, <u>sign up by selecting the email list(s) that best apply</u>.



Keeping provider contact information up to date in the Provider Web Portal will also help to ensure that providers receive emails specific to their organization's claims. The email address associated with the mailing address in the Web Portal will be used for provider communications. Visit the <a href="Provider Maintenance Provider Web Portal Quick Guide web page">Provider Maintenance Provider Web Portal Quick Guide web page</a> for instructions on how to access and update the email address on file.

Looking for a recent newsletter or email? Weekly newsletters and many of the emails sent out to providers are also posted on the <u>Provider News web page</u>.

### Reminder: Member Eligibility Inquiries



Contact the <u>Provider Services Call Center</u> for **all** provider inquiries regarding member eligibility.

## **Resolved Issues**

#### Resolved 7/7/21

# Supply Claims for Procedure Code A4421 Denying for Explanation of Benefits (EOB) 7827

Some supply claims for procedure code A4421 for dates of service on or after 9/26/20 were denying for EOB 7827 – "Unlisted procedure code should not be used when a more descriptive procedure code representing the service provided is available."

Affected claims were reprocessed 7/9/21.

Issue resolved 7/7/21.

#### Resolved 7/7/21

Transportation Claims for Procedure Codes A0425 and A0429 with Modifier 76 Denying for Explanation of Benefits (EOB) 7817

Some claims for transportation procedure codes A0425 and A0429 billed with modifier 76 for dates of service on or after 9/26/20 were denying for EOB 7817 – "The payment modifier is not appropriate with the procedure code billed."

Affected claims were reprocessed 7/9/21.

Issue resolved 7/7/21.

### Resolved 6/30/2021

## Vision Claims for Procedure Code 92071 with Modifier 55 Denying for Explanation of Benefits (EOB) 7817

Some claims for procedure code 92071 for dates of service on or after 9/1/2020 billed with the 55 modifier were denying for EOB 7817 – "The payment modifier is not appropriate with the procedure code billed."

Claims were reprocessed on 7/2/21.

Issue resolved 6/30/21.

#### **Resolved 6/30/21**

Professional Claims with Modifier 50 Denying for Explanation of Benefits (EOB) 7823 when Ambulatory Surgery Center (ASC) Claim Billed

Some professional claims for dates of service on or after 9/26/2020 billed with modifier 50 were denying for EOB 7823 – "The bilateral procedure or proc/mod combination billed is not allowed." when the Ambulatory Surgery Center (ASC) claim has been billed for the same procedure code, modifier and date of service.

Affected claims were reprocessed 7/2/21.

Issue resolved 6/30/21.

Please do not reply to this email; this address is not monitored.